

SEP 14 2006

Facsimile Transmission

PAGE 1/23 * RCVD AT 9/14/2006 10:07:43 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/22 * DNIS:2738300 * CSID:USPTO * DURATION (mm-ss):08-14

TO: Central Fax COMPANY:

From: 1788-7 Microvision 425-455-1046 To: Examiner Brian P. Yenke

Date: 9/13/2006 Time: 6:32:10 PM

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September 13, 2006**FACSIMILE MESSAGE – COVER SHEET**

To: Brian P. Yenke

Fax number: (571) 273-7359

Company: Unit 2622

Your Ref: 09/858,287

No. of pages following: 21

From: Bryan A. Santarelli

Our Ref: 1788-7

Regarding: Supplemental Amendment and Response

Message: Please see attached for filing.

CONFIDENTIALITY NOTICE: This facsimile communication contains confidential and/or privileged information which is intended for use only by the recipient named above. If you received this communication in error, please call us, collect, to arrange for its return at our expense. Any copying, disclosure, or dissemination of this communication is prohibited.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicants: Clarence T. Tegreene and John R. Lewis

Title: SYSTEM AND METHOD FOR PRODUCING AN IMAGE
WITH A SCREEN USING ERASE (OFF) AND IMAGE (ON)
LIGHT SOURCES

Serial Number: 09/858,287

Filing Date: May 15, 2001

Examiner/Unit: Brian P. Yenke / 2872

Attorney Docket No.: 1788-7

CERTIFICATE OF TRANSMISSION BY FACSIMILE

Date of facsimile transmission: September 13, 2006

I hereby certify that this correspondence is being transmitted via facsimile to
Fax number (571) 273-7359, to Examiner Brian Yenke, Examining Unit 2622, on the
date indicated below and is addressed to the Commissioner for Patents on this 13th
day of September, 2006.


Signature

TRANSMITTAL LETTER

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

☐ The fee has been calculated as shown below:☒ No additional claim fee is required.

TO: Central Fax COMPANY:

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Computation of Fee
For Claims as Amended

	Claims Remaining After Amendment		Highest Number Previously Paid for		Present Extra	Rate	Addl. Fee
Total Claims	64	Minus	69	=	0 x	\$50/\$25 =	\$-0-
Independent Claims	11	Minus	11	=	0 x	\$200/\$100 =	\$-0-
Total additional fee for this amendment							\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of \$ _____ for the additional claim fee is enclosed.

XX Two Terminal Disclaimers are enclosed. Please charge the Terminal Disclaimer fees totaling \$130 to Deposit Account No. 07-1897.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



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